

AUDIT/ DATE OF REVIEW/VISIT_____ CONDUCTED BY_____

Division of Child and Family Services

AUDIT TOOL

DV Assessment and Treatment

Revised date 7/9/2015

OFFENDER / ADULT SURVIVOR / CHILD-YOUTH SURVIVOR

AGENCY_____ CLIENT & AGE_____

CONTACT PERSON_____

DATE OF ADMISSION_____ SERVICE CODES_____

DATE OF DISCHARGE_____

CASE MANAGER/REGION_____

Service	Service Code	Unit of Service	DHS Rate
DV Adult Survivors Behavioral Health Assessment	VNA	Hourly	\$121.16
DV Offender Evaluation	VOE	Hourly	\$121.16
DV Child/Youth Behavioral Health Assessment	VCA	Hourly	\$121.16
DV Adult Survivors Individual Therapy	VNI	15 Min.	\$24.83
DV Offender Individual Intervention Services	VOI	15 Min.	\$24.83
DV Child/Youth Survivors Individual Therapy	VCI	15 Min.	\$24.83
DV Adult Survivors Group Therapy	VNG	15 Min.	\$6.33
DV Child/Youth Survivors Group Therapy	VCG	15 Min.	\$6.33
DV Offender Group Intervention Services	VOG	15 Min.	\$6.33
DV Adult Survivors Med Management	VNM	Session	\$81.01
DV Child/Youth Survivors Med Management	VCM	Session	\$81.01

DV OFFENDER EVALUATION (VOE)

OFFENDER EVALUATION REQUIREMENTS VOE *(Part II Section IV C.1.)*

The Contractor shall use all of the following instruments for each Offender evaluation:

1. Utah Domestic Violence Risk and Needs Evaluation Instrument (DVRNE)
2. Columbia Suicide Severity Rating Scale (C-SSRS)
3. Other evidence-based risk evaluation instruments (Prior written Approval)
4. Evidence-based substance abuse screening instrument (Prior written Approval)

POINTS POSSIBLE: 4

OFFENDER INFORMATION *(Part II Section IV C.2.)*

The following information shall be documented in the offender file and include, but not limited to:

- a. Client Identifying information: Name, Gender, DOB, Primary method of communication
- b. Primary complaint in client's words`
- c. Description of presenting problem
- d. Legal/criminal history and current status
- e. Previous and current mental health diagnosis, treatment, therapy history
- f. Family psychiatric history
- g. Any diagnosis utilizing the DSM V coding and criteria
- h. Mental status report, which includes assessment of general appearance, behavior, content and origination of thought, mood and affect, intellect and orientation.
- i. Prior DV offenses and protective orders
- j. Suicidal thoughts and Behaviors / Suicidal History
- k. Client use and access to firearms
- l. Obsession/ Stalking of Survivor
- m. Physical health, family and relationships
- n. Lethality Assessment Protocol (LAP) from Law Enforcement
- o. Police report, court order, associated medical reports
- p. Safety concerns, including survivor feedback
- q. Any history of DV and child abuse
- r. Attitudes that support/condone spousal abuse
- s. Prior DV services / participation / completion info
- t. Employment and housing
- u. Involvement with peers who have pro-criminal influence
- v. History of or current substance abuse

POINTS POSSIBLE: 22

DOCUMENTATION REQUIREMENTS for VOE *(Part II Section IV D.1.c.)*

1. Date
2. Actual face-to-face time with Client
3. Start and End Time (can be rounded to 5 min.)
4. Duration of service including time for interpretation, dispersion, and reporting
5. Setting in which the service was rendered
6. Client history, emotional and mental adjustment, social functioning, social, interpersonal and communication skills, educational, vocational status, mental and physical status
7. Disposition including diagnosis
- 8 Recommended mental health treatment, other recommended services
9. The Contractor shall retain a copy of evaluation in the individual Client record and provide a written copy of the evaluation to the DHS/DCFS Regional DV Specialists within 30 days of completion.

POINTS POSSIBLE: 9

DV OFFENDER INTERVENTION SERVICES (VOI)

PRIORITY OF TREATMENT (*Part II Section V B.1/2.*)

1.DVNRE / Assigned Level Intensity of Treatment

Level A: Not more than 1 risk factor

Level B: 2 to 4 risk factors

Level C: Five or more risk factors

POINTS POSSIBLE: 1

OFFENDER INTERVENTION PLAN (*Part II Section V B.3.c.*) shall:

1. Promote survivor and community safety
2. Include goals that address issues identified
3. Include a personal change plan
4. Include intervention techniques that strengthen impulse control
5. Include an after care plan (a written plan that demonstrates utilization of the personal change plan after discharge)

POINTS POSSIBLE: 5

OFFENDER WAIVER OF CONFIDENTIALITY (*Part II Section V B.5.*) shall include;

- a. Information sharing regarding program acceptance, rejection, program changes, discharge.
- b. Program duty to warn and protect survivors, by notifying law enforcement of any risk or serious harm posed
- c. Information regarding offender information can be released to probation or court, or appropriate office
- d. right to confidentiality and Client confidentiality regarding other clients in program
- e. Date waiver confidentiality expires
- f. Offender provides all documents related to prior and concurrent treatment services

POINTS POSSIBLE: 6

OFFENDER INTERVENTION CONTRACT (*Part II Section V B.6.*) includes informed consent, and shall address the following issues;

- a. Length of program
- b. Criteria for discharge, noting failure to comply with contract can result in discharge
- c. Failure to follow rules could lead to discharge
- d. Attendance policies, consequences for non-attendance
- e. Expectations of active participation
- f. Agreement to stop violent and threatening behaviors
- g. Other program expectations
- h. Fees/Methods of payment
- i. Drug & Alcohol policies
- j. Note that groups may have official visitors

POINTS POSSIBLE: 10

INTAKE STEPS BEFORE INTERVENTION SERVICES (*Part II Section V C.1/2/3/4.*)

1. Offender contacted within 1 week of referral date
2. Initial appointment within 2 weeks of contact from the court or offender
3. Face-to-Face interview
4. a. If adjudicated contact survivor advocate, document staff name who provided notification, the number and dates contacts attempted
4. b. Document reasons above information (#4) not attained
5. Obtain written waiver of confidentiality before providing offender services

POINTS POSSIBLE: 5

OFFENDER INTERVENTION PLAN (*Part II Section V C.5*)

- a. Determination of the level and nature of risk, risk to re-offend
- b. Offender criminogenic factors/needs;
- c. Offender responsivity to intervention services; and
- d. Other issues as identified by the Contractor.

POINTS POSSIBLE: 4

OFFENDER INTERVENTION PLAN REVIEW (*Part II Section V C.6*)

The Contractor shall conduct an offender intervention plan review to include at a minimum:

- a. Plan reviewed and updated at least every 90 days
- b. When any potentially destabilizing change occurs in the Client's life
- c. When any clinically relevant issues are uncovered

POINTS POSSIBLE: 3

OFFENDER INTERVENTION REPORT (*Part II Section V C.7*)

Submit a written report to the DHS/DCFS Regional DV Specialist (or designee) every 90 days (within 7 business days after the end of the month) to include, but not limited to:

- a. Results from most recent required offender intervention plan review;
- b. Client's progress regarding competencies;
- c. Any recommendation related to discharge planning;
- d. Client's level of intervention;
- e. Evidence of new risk factor;
- f. Client's degree of compliance

POINTS POSSIBLE: 7

INDIVIDUAL INTERVENTION (VOI) (*Part II Section V D.2.c*)

1. Minimum of 50 minute sessions
2. Date and actual face-to-face time, including start and end times, with the Client
3. Duration of the service.
4. Setting in which the service was rendered.
5. Individual(s) present in the session.
6. Specific service rendered (i.e. individual psychotherapy).
7. The treatment goal(s) addressed in the session.
8. Clinical summary describing the Client's progress toward treatment goals
9. Signature and licensure of individual who rendered the services.

POINTS POSSIBLE: 9

GROUP INTERVENTION (VOG) (*Part II Section V D.3.c*)

1. 90 minutes minimum
2. Client levels are not mixed
3. No more than 8 group participants in any group
4. Maintain 8:1 ratio

The Contractor shall complete a written progress notes that contains the following:

- a. Date and actual face-to-face time, including start and end time
- b. Duration of the service including time for interpretation, dispersion, and reporting.
- c. Setting in which the service was rendered.
- d. Number of group members present during this session.
- e. Specific service rendered (i.e. group psychotherapy).
- f. The treatment goal(s) addressed in this session.
- g. Clinical summary describing the Client's progress toward treatment goals
- h. Signature and licensure of individual who rendered the service.

POINTS POSSIBLE: 8

OFFENDER INTERVENTION DISCHARGE SUMMARY (*Part II Section V C.8.b.*)

The Contractor shall submit a discharge summary, within seven business days from date of discharge, to the Court and DHS/DCFS Regional DV Specialist or designee. The discharge summary shall contain:

1. Client's completion status as: successful, unsuccessful, or administrative discharge
2. The date of discharge from offender intervention services and why services were terminated (.e.g. completed all treatment objectives or refusal to continue intervention services)
3. Intervention goals and a summary of progress made on each intervention goal
4. Documentation that core competencies have been demonstrated
5. Recommendations for future services or intervention needs

POINTS POSSIBLE: 5

SURVIVOR SERVICES

ADULT SURVIVORS BEHAVIORAL HEALTH ASSESSMENT (VNA) (*Part II Section VI D.1.c.*)

CHILD/YOUTH SURVIVORS BEHAVIORAL HEALTH ASSESSMENT (VCA)

The Contractor shall complete a written assessment that contains the following:

1. Date and actual face-to-face time with the Client, including start and end time.
2. Duration of the service including time for interpretation, dispersion, and reporting.
3. Setting in which the service was rendered.
4. Specific service rendered (i.e. Adult Survivor Assessment or Child/Youth Survivor Assessment).
5. A history of the Client and their emotional and mental adjustment, social functioning (including social, interpersonal and communication skills), basic living skills, educational/vocational status, and mental and physical health status.
6. Disposition, including diagnosis.
7. Recommended mental health treatment services, and any other recommended services
8. Signature and licensure of individual who rendered the service.

The Contractor shall retain a copy of the assessment in the individual Client record and provide a written copy of the assessment to the Case Worker/Region DV Specialist within 7 business days of its completion.

POINTS POSSIBLE: 9

SURVIVOR TREATMENT PLAN (*Part II Section VI C.1.e*)

The treatment plan shall include the following:

1. Measurable treatment goals that address the Client's needs identified in the psychiatric diagnostic evaluation.
2. Discharge criteria and post discharge plans and coordination of related community services.
3. Signature and licensure of the individual who developed the treatment plan.
4. The Contractor shall bill treatment plan development as part of the psychiatric diagnostic evaluation.
5. The Contractor shall provide a copy of the treatment plan to the DHS/DCFS Regional DV Specialist within 7 business days of completion. The Contractor shall retain a copy of the treatment plan in the Client file.

POINTS POSSIBLE: 5

SURVIVOR TREATMENT PLAN REVIEW (*Part II Section VI C.2.e*)

The Contractor shall:

1. Review the treatment plan quarterly (at least every 90 days) during a face-to-face interview with the Client to review progress
2. The treatment plan review shall be documented in the Client's record and shall include:
 - a. The date, actual time, and duration of the service;
 - b. The specific service rendered (i.e., treatment plan review);
 - c. A written update of progress toward established treatment goals
 - d. The signature and licensure of the individual who rendered the service.
 - e. Maintain a copy of the treatment review in the Client's file and provide a copy of the treatment review to the DHS/DCFS Regional DV Specialist or designee within 7 business days of the end of each review period.

POINTS POSSIBLE: 5

SURVIVOR DISCHARGE SUMMARY (*Part II Section VI C.3*)

The Contractor shall:

- a. Complete a discharge summary on each Client regardless of length of treatment.
- b. Include date of discharge, progress on treatment goals, and recommendations for future service or treatment needs.
- c. Maintain a copy of the discharge summary in the Client's file.
- d. Provide a copy of the report to the DHS/DCFS Regional DV Specialist or designee within 7 business days of discharge.

POINTS POSSIBLE: 4

ADULT SURVIVORS INDIVIDUAL THERAPY (VNI) (*Part II Section VI D.2.c.*)

CHILD/YOUTH SURVIVORS INDIVIDUAL THERAPY (VCI)

At a minimum documentation for each session shall include:

1. Date and actual face-to-face time with the Client. Start and end time
2. Duration of the service.
3. Setting
4. Individuals present in the session.
5. Specific service rendered
6. The treatment goal(s) addressed in the session.
7. Clinical summary describing the Client's progress toward treatment goals.
8. Signature and licensure of individual who rendered the services.

POINTS POSSIBLE: 8

ADULT SURVIVORS GROUP THERAPY (VNG) (*Part II Section VI D.3.c.*)

CHILD/YOUTH SURVIVORS GROUP THERAPY (VCG)

The Contractor shall complete a written progress notes that contains the following:

1. Date and actual face-to-face time, Start and end times
3. Setting
4. Number of group members present during the session.
5. Specific service rendered
6. The treatment goal(s) addressed in the session.
7. Clinical summary describing the Client's progress toward treatment goal(s)

The Contractor shall retain a copy of the progress notes in the individual Client record and provide a written copy of the progress notes to the Case Worker/Region DV Specialist within 7 business days of its completion.

POINTS POSSIBLE: 8

ADULT SURVIVORS MEDICATION MANAGEMENT (VNM) (*Part II Section VI D.4.c.*)

CHILD/YOUTH SURVIVORS MEDICATION MANAGEMENT (VCM)

Provided by a Licensed physician or Licensed advance practice registered nurse

The Contractor shall develop and maintain written documentation of the following for each session:

1. Medication order or copy of the prescription signed by the prescribing professional.
2. Date and actual face-to-face time, including start and end times, with the Client
3. Duration of service
4. Setting
5. Specific service rendered
6. Treatment goal(s) that are being addressed from the PDE or MHA
7. Written note that includes:
 - a. The condition for which the medication is needed;
 - b. Medication(s) prescribed;

- c. Dosage;
 - d. Results of the review;
 - e. Summary of the information provided;
 - f. If administered, documentation of the medication and the method of administration
 - g. Progress towards treatment goals
8. Signature and licensure of individual who rendered the services.

POINTS POSSIBLE: 14

OTHER CONTRACT REQUIREMENTS

Document services on the DHS/DCFS “Family Violence Information Report” (referred to as the G2 report). The report shall be submitted within 7 business days of the end of the reporting month to the DHS/DCFS Regional DV Specialist or designee. The DHS/DCFS State Office DV Program Administrator shall supply the report template.

Maintain individual Client files in a locked file cabinet(s). The Contractor shall have and shall follow written procedures for ensuring the confidentiality of the Client files.

Complete a DV01 form on each Client and submit the forms to the DHS/DCFS Regional Contract Analyst within 30 days of start of treatment. DV01 forms shall be obtained from the DHS/DCFS Regional Contract Analyst. Complete a discharge DV01 for each client and submit to the DHS/DCFS Regional Contract Analyst within 30 days of discharge. The Contractor shall retain a copy in the Client file. The DHS/DCFS Regional Contract Analyst shall supply these forms.

Prior to the Contractor providing services, the Contractor shall request a DVPSA from the DHS/DCFS Regional DV Specialist or designee and must include the needed service description, rate of pay for each service, units authorized, start date, DHS/DCFS authorized signature, and include the reason for selecting the provider.

The Contractor shall:

1. Obtain written authorization from the DHS/DCFS Regional DV Specialist or designee before Client services are provided, in accordance with the DHS/DCFS DVPSA process.
2. Only bill for services which have been pre-authorized by DHS/DCFS in writing on the DVPSA.
3. Ensure that the DVPSA is signed by the following:
 - a. The Contractor;
 - b. The DHS/DCFS DV Regional Specialist or designee; and
 - c. The DHS/DCFS Regional Contract Coordinator.

CONTRACT PAYMENTS:

1. The Contractor shall identify and bill first and third party resources including Medicaid (if the provider and Client are eligible) prior to billing DHS/DCFS. If services are covered under Utah Office for Victims of Crime (UOVC), Private Insurance, Medicaid, or other programs, then services shall not be billed to DHS/DCFS.

Contractor shall bill DHS/DCFS net of reduction of applicable co-pay.

In order for the Contractor to determine eligibility the Contractor shall receive and maintain the following documentation in the client file:

Letter of Declination from UOVC

Client Declaration statement that client does not have private insurance or receiving Medicaid services.

If it is determined that the client was eligible to use first and third party resources (Utah Office for Victims of Crime (UOVC), Private Insurance, Medicaid, or other programs) the Contractor shall refund DCFS.

The amount of first party billing (co-pay) shall be based on a sliding scale.

2. Collect co-pay from offender Clients using the sliding fee schedule, provided by DHS/DCFS. If fees are not collected, offender intervention services shall not be provided.

3. When billing DHS/DCFS, the Contractor shall use the DV Billing form (1032) provided by DHS/DCFS.